

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35059**

FILED OCT 28 1957

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 476	
1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 45yrs		c. CITY OR TOWN Cape Girardeau		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Osteopathic Hospital				STREET ADDRESS (If rural, give location) 627 So Sprigg Street.			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) G		c. (Last) Kassel		4. DATE OF DEATH (Month) (Day) (Year) Oct. 23. 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March, 12, 1883	
9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Clerk & Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Egypt Mills Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Christian Kassel		13b. MOTHER'S MAIDEN NAME Elizabeth Thomas		14. NAME OF HUSBAND OR WIFE Amanda Kassel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 497-18-1243		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Amanda Kassel Cape Girardeau Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular Fibrillation DUE TO (c) Rheumatic Heart II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma - Nephritis - Schistosomiasis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from June , 19 56 , to 10/23 , 19 57 , that I last saw the deceased alive on 10/23 , 19 57 , and that death occurred at 12:55Pm. , from the causes and on the date stated above.							
23a. SIGNATURE C. N. Riney		(Degree or title) Dr.		23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED 10/24/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/26/57		24c. NAME OF CEMETERY OR CREMATORY Egypt Mills Cent		24d. LOCATION (City, town, or county) (State) Egypt Mills Mo.	
DATE REC'D BY LOCAL REG. 10-26-57		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. C. Hansen Cape Girardeau Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *L. J. Hamman*

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.